Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                      |                      |                                           |                  |                      |                                |                        | SMALL I   | SMALL ENTITY TYPE                                |      | OTHER THAN<br>OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------|------------------|----------------------|--------------------------------|------------------------|-----------|--------------------------------------------------|------|-------------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                        |                      |                                           | 1Ĉ               |                      |                                |                        | RATE      | FEE                                              | ]    | RATE                          | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                 |                      |                                           | NUMBER FILED     |                      | NUMBER EXTRA                   |                        | BASIC FE  | E 370.00                                         | OR   | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                             |                      |                                           | minus 20=        |                      | *                              |                        | X\$ 9=    |                                                  | OR   | X\$18=                        |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                  |                      |                                           | minus 3 =        |                      | * 7                            |                        | X42=      | . 14                                             | OR   | X84=                          |                        |
| MU                                                                                                                                                                                                                                                                                                                                                                  | LTIPLE DEPEN         | DENT CLAIM P                              | RESENT           |                      | •                              |                        | +140=     |                                                  | 1    | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                            |                      |                                           |                  |                      |                                |                        |           | . /                                              | OR   | TOTAL                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                     | CI                   | AIMS AS A                                 | MENDED - PART II |                      |                                |                        | TOTAL     | 067                                              | OR   | OTHER                         | THAN                   |
|                                                                                                                                                                                                                                                                                                                                                                     | O.                   | (Column 1)                                | WILINDLE         | (Colu                | mn 2)                          | (Column 3) SMALL ENTIT |           |                                                  | OR   | SMALL                         |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                         |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA       | RATE      | ADDI-<br>TIONAL<br>FEE                           |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                     | Total                | *                                         | Minus            | **                   |                                | =                      | X\$ 9=    |                                                  | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                     | Independent          | *                                         | Minus            | ***                  |                                |                        | X42=      |                                                  | OR   | X84=                          |                        |
|                                                                                                                                                                                                                                                                                                                                                                     | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEF      | PENDEN               | T CLAIM                        |                        | +140=     |                                                  | OR   | +280=                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                     |                      |                                           |                  |                      |                                |                        | TOTA      |                                                  |      | TOTAL                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                     |                      | (Column 1)                                |                  | (Colu                | mn 2)                          | (Column 3)             | ADDIT. FE | E                                                | ]    | ADDIT. FEE                    | L                      |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                         |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA       | RATE      | ADDI-<br>TIONAL<br>FEE                           |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                     | Total                | *                                         | Minus            | **                   |                                | =                      | X\$ 9=    |                                                  | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                     | Independent          | *                                         | Minus            | ***                  |                                | =                      | X42=      |                                                  | OR   | X84=                          |                        |
|                                                                                                                                                                                                                                                                                                                                                                     | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEF      | PENDEN               | T CLAIM                        |                        | +140=     |                                                  | OR   | +280=                         | -                      |
|                                                                                                                                                                                                                                                                                                                                                                     |                      |                                           |                  |                      |                                |                        | TOTA      |                                                  | OR   | TOTAL                         |                        |
|                                                                                                                                                                                                                                                                                                                                                                     |                      | (Column 1)                                |                  | (Colu                | ımn 2)                         | (Column 3)             | ADDIT. FE | E <b>L</b>                                       | 10,, | ADDIT FEE                     | <u>[</u>               |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                         |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGI<br>NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>OFOR | PRESENT<br>EXTRA       | RATE      | ADDI-<br>TIONAL<br>FEE                           |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                     | Total                | *                                         | Minus            | **                   |                                | =                      | X\$ 9=    |                                                  | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                                                                     | Independent          | *                                         | Minus            | ***                  |                                | =                      | X42=      |                                                  | OR   | X84=                          |                        |
| Ľ                                                                                                                                                                                                                                                                                                                                                                   | FIRST PRESE          | NTATION OF M                              | ULTIPLE DEPENDEN |                      | IT CLAIN                       | 1                      | J         | <del>                                     </del> | 1    | 1200                          | <u> </u>               |
|                                                                                                                                                                                                                                                                                                                                                                     | If the entry in colu | +140=                                     |                  | OR                   | +280=                          |                        |           |                                                  |      |                               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," ADDIT, FEE OR ADDIT FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3," ADDIT, FEE OR ADDIT FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                           |                  |                      |                                |                        |           |                                                  |      |                               |                        |